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APPLICANTS

Jenneke Adriana Cadee, Odijk, NETHERLANDS;
 Peter Dirk Tips, Heeswijk, NETHERLANDS;
 Geertruida Dorothea Van Someren, Eindhoven, NETHERLANDS;

** CONTINUING DATA *****

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** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No		INITIALS /NINA ARCHIE/ Examiner's Signature	NETHERLANDS	5	30

ADDRESS

THE WEBB LAW FIRM, P.C.
 700 KOPPERS BUILDING
 436 SEVENTH AVENUE
 PITTSBURGH, PA 15219
 UNITED STATES

TITLE

Antimicrobial Lactoferrin Compositions for Surfaces, Cavities, and Foodstuff

FILING FEE RECEIVED 1750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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